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CONFIRMATION NO. 9434

|                             |                                       |              |                        |                               |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/728,432 | FILING DATE<br>12/08/2003<br><br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2683 | ATTORNEY<br>DOCKET NO.<br>511 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

## APPLICANTS

John A. Lovberg, San Diego, CA;

Vladimir Kolinko, San Diego, CA;

TREX ENTERPRISES

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/965,875 09/28/2001 \*  
 and is a CIP of 10/639,322 08/12/2003 PAT 6,937,182

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/22/2004

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>13 | TOTAL<br>CLAIMS<br>37 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and<br>Acknowledged                                | Examiners Signature   | Initials                  |                         |                       |                            |

## ADDRESS

JOHN R. ROSS  
 TREX ENTERPRISES  
 10455 PACIFIC CENTER CT.  
 SAN DIEGO , CA  
 92121

## TITLE

Millimeter wave imaging system

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|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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